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CONFIRMATION NO. 9809

|   |   |                               |   |   |
|---|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/727,898  | <b>FILING OR 371(c) DATE</b><br>12/04/2003<br><b>RULE</b>   | <b>CLASS</b><br>424           | <b>GROUP ART UNIT</b><br>1645   | <b>ATTORNEY DOCKET NO.</b><br>D-2939CIPCON2DIV1 |
| <b>APPLICANTS</b><br>James A. Williams, Madison, WI;  |   |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a DIV of 10/354,774 01/30/2003 ABN which is a CON of 08/704,159 08/28/1996 PAT 6,967,088 and is a CIP of 08/405,496 03/16/1995 PAT 5,919,665   |   |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 08/10/2004</b>  |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>6/2/06</u> Examiner's Signature <u>6/2/06</u> Initials |   | <b>STATE OR COUNTRY</b><br>WI | <b>SHEETS DRAWING</b><br>40   | <b>TOTAL CLAIMS</b><br>12                       |
|   |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>1                  |
| <b>ADDRESS</b><br>33197   |   |                               |   |   |
| <b>TITLE</b><br>Portions of soluble recombinant botulinum toxins  |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>770   | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |